Surveillance Unit with technical help extended by NICD, Delhi, at Rohru.

For making prompt reliable diagnosis of the disease, a state of the art laboratory, meeting all safety and diagnostic criteria of the World Health Organisation (WHO) is an existence at NICD, Delhi.

Dscline in Sex Ratio

1134. SHRI RAJEEV SHUKLA;
DR. ABRAR AHMED:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) where there has been a steady fall in female to male ratio In the country despite having longer life span with the availability of nutrition, health and medical services being the same for both; and

(b) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) The sex ratio (number of female per *i* 000 male) declined in India from 972 in 1901 to 927 in 1991. However,.the sex ratio has since improved to 933 in 2001.

Availability of Banned Drugs in the country

1135. SHRIMATI AMBIKA SONI:
DR. T SUBBARAMI REDDY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether many drugs that are banned in several countries are freely available in the country;

(b) if so, whether the Monthly Index of Medical Specialists, India recently published a list of 11 globally banned drugs that can be bought over the counter at most chemists in the country;

(c) whether visits to chemists revealed that most of these drugs are available without a prescription;

(d) if so, whether these drugs were banned for causing cancer;

(e)whether this will become life-threatening, if not contained; and

(f) if so, the steps Government propose to take in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMAT! SUSHMA SWARAJ): (a) There is no system of global banning of a drugs. Certain drugs and formulations banned in some countries at times continue to be marketed in other countries.The decision to do so is normally based on risk assessment process which is influenced by a number of factors such as the disease pattern in a country, the varying reactions of certain ethnic groups in a given population to the drug and the availability of safer substitutes as well as the cost factor involved in the treatment of a particular disease. There is also the overall awareness that administration of any drug is not absolutely free from side affects or adverse reactions in a statistically insignificant minority of the population.

(b) to (d) Monthly Index of Medical Specialities (MIMS) India, January, 2003 has published a list of following drugs supposed to be globally banned:

Analgin, Cerivastatin. Droperidol, Furazolidone. Lynestrenol, Nitrofurazone, Phenformin, Phenolphthalein, Phenylbutazone, Piperazine. Quiniodochlor.

As these drugs are permitted to be sold in many countries, the publication is not based on facts. These drugs continue to be marketed in the country on the basis of reviews undertaken from time to time by various expert committees after examining the benefit-risk ratio, safety and utility of these drugs in the country. The sales of these products are permitted through the Chemists & Druggist under the provision of the Drugs and Cosmetics Rules, 1945.

(e) and (f) Questions do not arise.

Unrecognised Medical Colleges/Institutions in the country

†1136. PROF. M.M. AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the unrecognized Medical Colleges/Institutions being run in different States in the country;

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†Original notice of the question was received in Hindi,